



No Child Left Behind Act (NCLB)

***FY 2004 Carry-Over Final Report
FORMS***



New Jersey Department of Education
No Child Left Behind (NCLB)
LEA Consolidated Formula Subgrant
 Fiscal Year 2004

**SUBMIT TO COUNTY
 OFFICE OF
 EDUCATION ONLY**

Date received by the
 county office _____

Carry-Over Final Report
Title Page

<input type="checkbox"/> Individual LEA Applicant		<input type="checkbox"/> Consortium Applicant		
<input type="checkbox"/> Final Report for Carryover from FY 2004		Project Code: NCLB ____ - 04 Carry-Over Project Period: 9/1/2004 to 8/31/2005		
1. LEA:		2. County:		
3. Project Director:	3a. Tel. #:	3b. FAX #: Email:		
4. Address:				
NCLB PROGRAMS	5. Approved Amount	6. Expended Amount	7. Unexpended Balance	8. Amount Being Returned to NJDOE
TITLE I - A	\$	\$	\$	\$
TITLE I - SIA	\$	\$	\$	\$
TITLE II - A	\$	\$	\$	\$
TITLE II - D	\$	\$	\$	\$
TITLE III	\$	\$	\$	\$
TITLE IV	\$	\$	\$	\$
TITLE V	\$	\$	\$	\$
TITLE VI	\$	\$	\$	\$
9. TOTALS:	\$	\$	\$	\$
10. Reason Funds Were Not Expended During the Project Period: (Attach additional sheets, if necessary.)				
11. Board Secretary/Business Administrator (Signature):				
12. Approved by Chief School Administrator (Signature):				Date:
COUNTY/SEA USE ONLY FOR FINAL REPORT AND/OR CARRY-OVER APPLICATION APPROVAL				
County Office	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	ES Signature:	Date:
	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	BA Signature:	Date:
OGM	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Signature:	Date:
COPY DISTRIBUTION: County Office Chief School Administrator				



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LEA Consolidated Formula Subgrant
 Fiscal Year 2004

Carry-Over Budget Summary Expenditures

LEA: _____ COUNTY: _____ PROJECT CODE: NCLB _____-04

Carry-Over Project Period: 9/1/04-8/31/05

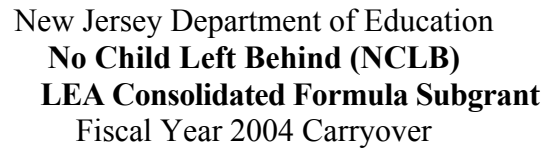
EXPENDITURE CATEGORY	FUNC. & OBJECT CODES	FUNDING SOURCES								
		TITLE I	TITLE I SIA	TITLE II PART A	TITLE II PART D	TITLE III	TITLE IV	TITLE V	TITLE VI	Non-Abbott SCHOOLWIDE
INSTRUCTION										
Personal Services - Salaries	100-100									
Purchased Prof. & Tech. Serv.	100-300									
Other Purchased Services	100-500									
General Supplies	100-600									
Other Objects	100-800									
SUPPORT SERVICES										
Personal Services - Salaries	200-100									
Personal Services – Employee Benefits	200-200									
Purchased Prof. & Tech. Serv.	200-300									
<i>Purchased Prof. – Ed. Serv.</i>	200-320									
Purchased Property Services	200-400									
Other Purchased Services	200-500									
Travel	200-580									
Supplies and Materials	200-600									
Other Objects	200-800									
Indirect Costs	200-860									
FAC ACQ & CONSTRUCTION										
Buildings	400-720									
Instructional Equipment	400-731									
Noninstructional Equipment	400-732									
SCHOOLWIDE										
Schoolwide Programs: Abbott	520-930									
GRAND TOTAL										

 LEA Business Administrator Name

 LEA Business Administrator Signature

 Date

2 November 9, 2005

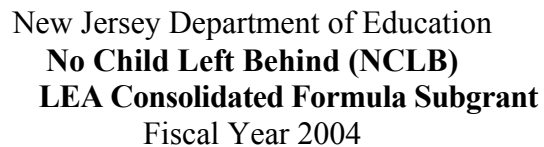


LEA: _____ **COUNTY:** _____ **PROJECT CODE: NCLB** _____ **- 04**

[illegible]

Date _____

3 November 9, 2005



LEA: _____ **COUNTY:** _____ **PROJECT CODE:** **NCLB** **- 04**

LEA Business Administrator Name

4 November 9, 2005

